

Iowa Health Link | AmeriHealth Caritas Iowa

Introduction



Presentation Agenda

- About AmeriHealth Caritas Iowa
- Quality Management
- Medical Management
- Resources / Important Contact Info
- Questions?

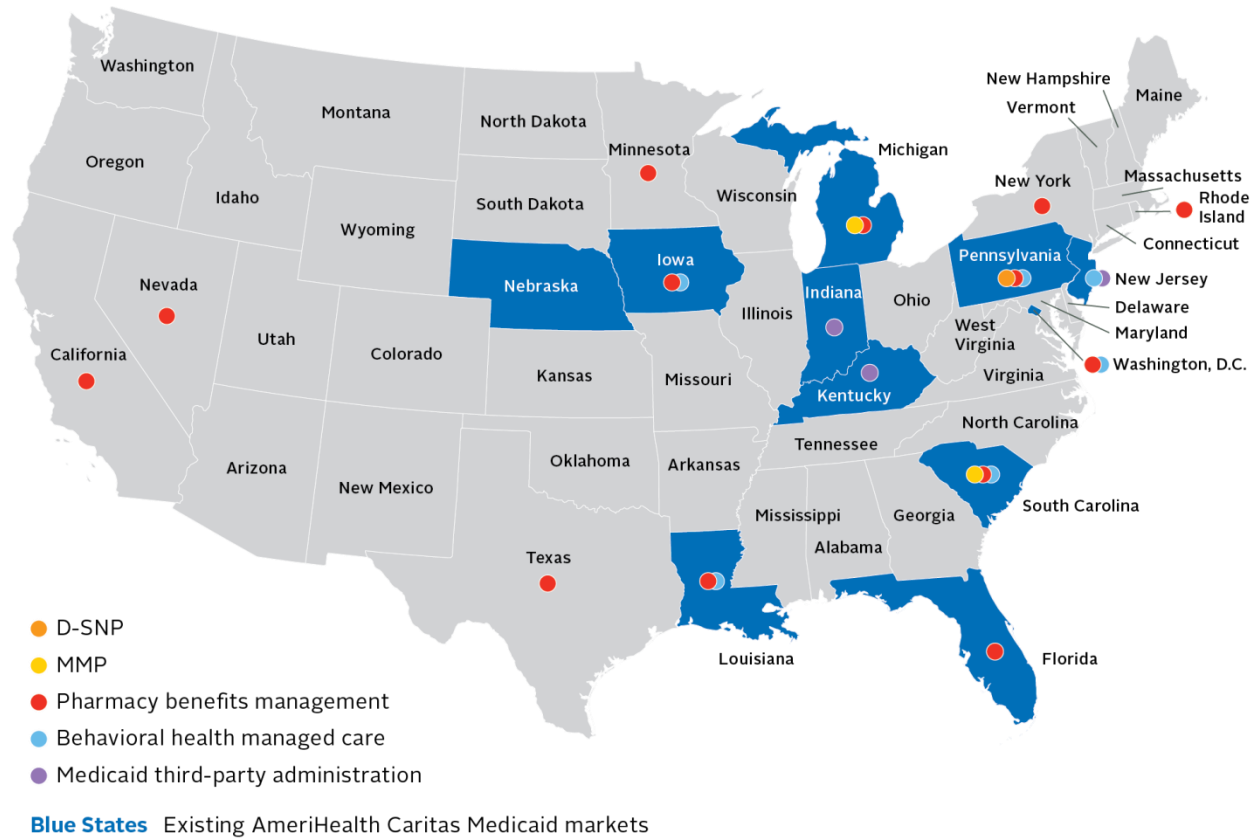


AmeriHealth Caritas Iowa is a member of the **AmeriHealth Caritas Family of Companies**, a leading national managed care organization. AmeriHealth Caritas is headquartered in Philadelphia, Pennsylvania and is a mission-driven health care organization.

AmeriHealth Caritas:

- Is a well-established company with more than 30 years of experience.
- Is one of the largest managed care organizations in the United States.
- Is a national presence, operating in 16 states and touching over 6.9 million lives.
- Employs 5,200+ employees, with an anticipated 440 associates dedicated to Iowa.
- Has NCQA Accredited plans
- Is an industry leader in managing medically-complex members.
- Is an organization with diverse expertise, including Medicaid, Medicare/Medicaid Plans (MMP)s, Medicare Advantage D-SNP, Behavioral Health and Pharmacy Benefits Management (PBM) services.

AmeriHealth Caritas Coverage Map



Our Mission

We help people get care, stay well and build healthy communities.

AmeriHealth Caritas delivers the expertise needed for success in helping families get the health care they need.

By partnering with dedicated providers and working with communities most in need, we will achieve positive health outcomes throughout Iowa and the United States.



AmeriHealth Caritas Iowa is well equipped to provide high-level customer service to members and providers.

AmeriHealth Caritas' corporate systems and centers currently:

- Handle more than 7,000 member and provider calls every day in our 24/7 call centers.
- Receive more than 89 percent of provider claims electronically with automatic adjudication rates of 80 percent.
- Handle more than 9.5 million inquiries annually through a robust web-based provider portal.
- Process on average 3 million claims each month.

AmeriHealth Caritas understands and values the importance of strong provider partnerships.

Our goal is to support providers with the tools needed to conduct business and care for Plan members.

- Emphasis on ease of administration and e-solutions for providers.
- Dedicated local staff that you know and trust will continue to assist you and meet with you face-to-face on a routine basis.
- Local provider committees offer avenues for input on program development and processes.
- Focus is placed on Integrated Health Care Management (IHCM) to encourage coordination of care and improve the management of services.
- Excellent provider communication is an organization-wide priority.

How will we measure success?

Quality Management

- ✓ State Performance metrics
- ✓ HEDIS, CAHPS
- ✓ Accreditation
- ✓ Member Satisfaction
- ✓ Critical Incidents and Quality of Care concerns



Compliance

- ✓ Program Integrity
- ✓ Fraud, Waste & Abuse
- ✓ Security & Privacy

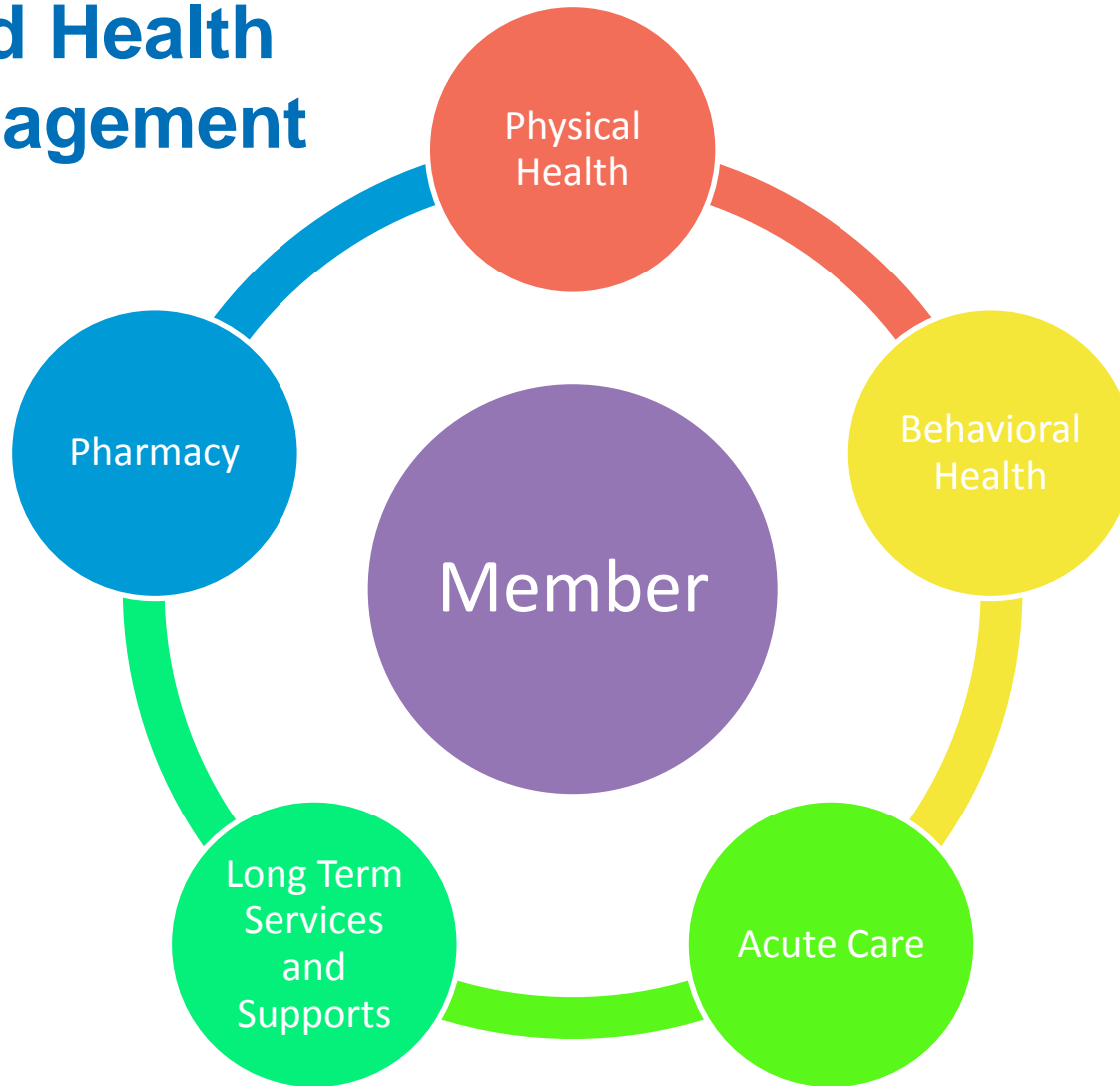
How will we partner with you to be successful?

- Population health initiatives
- Member-focused programs
- Provider education and collaborative
- **Recognition of the value of Iowa's strong public health system**
- Pilot programs with measurable outcomes

Medical Management



Integrated Health Care Management



How are services integrated?

Integrated Health Care Management Overview

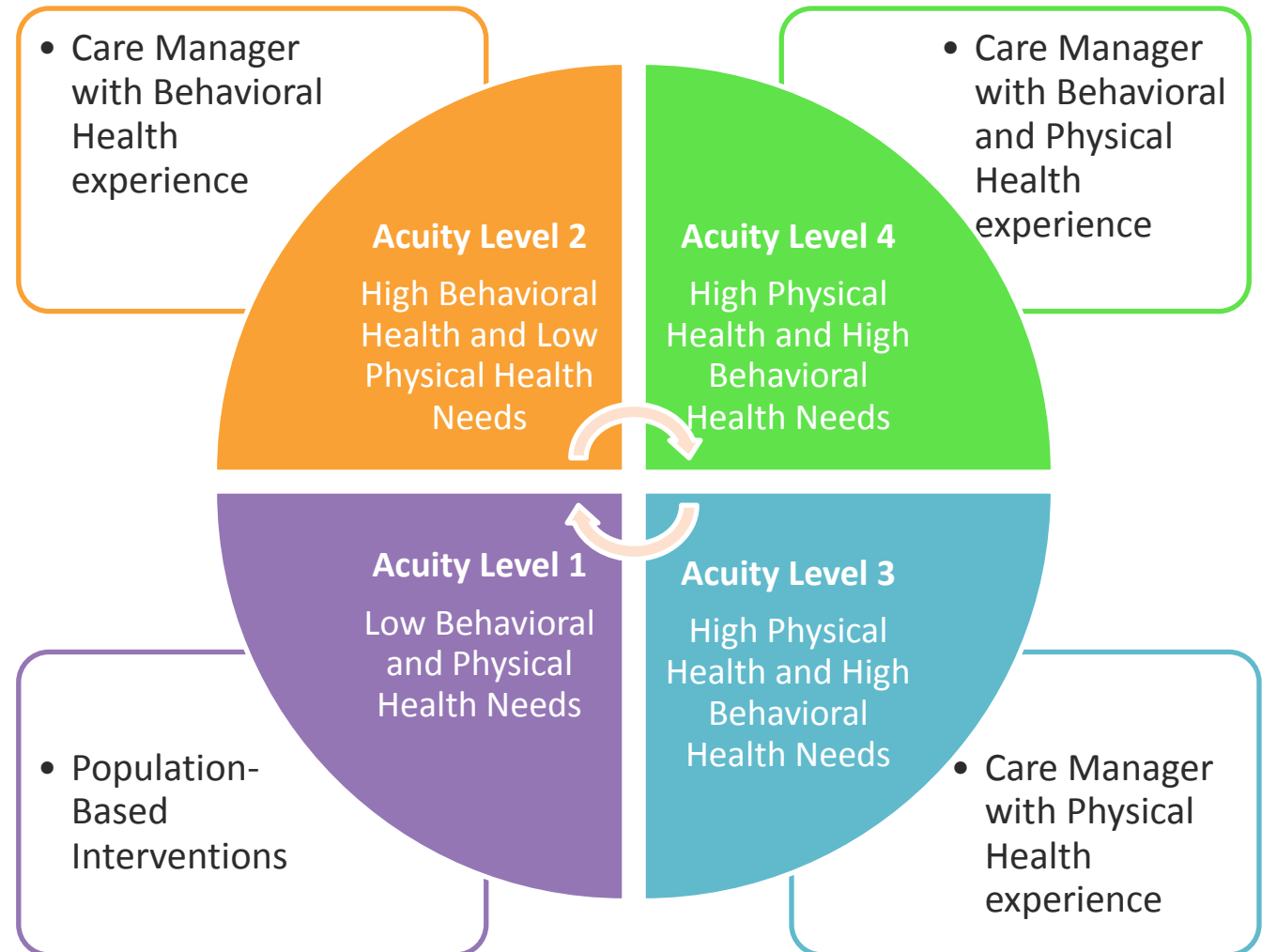
AmeriHealth Caritas Iowa's Integrated Health Care Management (IHCM) program is a holistic solution that uses a population-based health management program to provide comprehensive care management services. This fully integrated model allows members to move seamlessly from one component to another, depending on their unique needs. From this integrated solution AmeriHealth Caritas Iowa delivers and coordinates care across all programs.

The IHCM program includes assessment, treatment and other care planning, as well as service coordination of physical health with behavioral services, IDEA, alcohol and drug abuse treatment providers, community resources and Long Term Services and Supports (LTSS). The IHCM program also incorporates health and illness self-management education. The program is structured around a member-centered decision support system that drives both communication and treatment plan development through a multidisciplinary approach to management. The IHCM process also includes reassessing and adjusting the treatment plan and its goals as needed.

Integrated Physical & Behavioral Health

Complex Care Management

Four-Level Acuity Model



What are the core components of IHCM?

There are six core components of our IHCM Program:

- Rapid Response and Outreach
- Pediatric Preventive Health Care
- Bright Start® Maternity Management
- Episodic Care Management (ECM)
- Complex Care Management (CCM)
- Long Term Services and Supports

Complex Care Management

IDENTIFIERS

High behavioral health needs, low physician health conditions

IDENTIFIERS

Low behavioral health needs, high physician health conditions

IDENTIFIERS

High behavioral health needs, high physician health conditions

INTERVENTION INITIATION

- Complete member assessments
- Determination of Integrated Health Home status
- Obtain member consent for program enrollment
- Contact PCP and/or BH provider
- Identify goals with member and establish Care Plan
- Refer to community resources including legal resources and state agencies
- Develop follow-up plan
- Member rights and provider initiation letter
- Consider integration into Medical Health Home if severely complex

CONTINUATION OF SERVICES

- Continual reassessment; minimum annually
- Care Plan review

Maternity Care



BRIGHTSTART®

Low/No Risk

IDENTIFIERS

No identified medical, social or behavioral risk indicators OR identified medical, social or behavioral issue(s) of members who are already in the post-partum period with complications associated with prenatal period.

INTERVENTIONS

Bright Start Information Packet, contact information for Bright Start, and access to the 24/7 Nurse Line.

Prenatal appointment follow-up calls,

The CC completes the Post-Partum survey tool

Members requesting CM services or who are identified at any time during their pregnancy by the CC as moderate-high risk will be assigned a CM for follow-up

Moderate Risk

IDENTIFIERS

Controlled or resolved medical, social or behavioral risk indicators.

High Risk

IDENTIFIERS

Current and unresolved, medical, social or behavioral/substance use disorder risk indicator(s).

SELECTED INTERVENTIONS

Members are assigned a CM and once engaged; the member is assigned an acuity level and contacted.

The CM outreaches to the member to complete the Initial Assessment Maternity, along with the Behavioral Health Assessment Tool (PHQ-9, PHQ-9A), Substance Use Disorder Assessment Tools if applicable (AUDIT-C, CAGE-AID, DAST-20, and CRAFFT) and checks Care Gaps.

The CM contacts members who are IDPH participants and are intravenous (IV) drug users to undergo IV treatment and provide awareness about the relationship between IV drug use and communicable disease.

The CM educates the member on the need to test for Tuberculosis in the following populations: all persons in residential treatment and halfway houses; members receiving outpatient services that are an IV drug user or in a close relationship with IV drug users; others at risk for tuberculosis such as those with an unexplained persistent cough or the homeless.

The CM completes any Referral and Interventions and educates the member on the importance of dental screenings and preventative care during their pregnancy.

The Role of the Care Coordinator

The Care Coordinator will maintain at a minimum monthly contact with the member either by phone or in-person. The Care Coordinator will work with providers to deliver a member-centered approach for integrated care across the spectrum of physical, behavioral health, facility or home-based care needs. Care Coordinators assist by:

- Addressing limited resources in all aspects of a member's life that will impact medical care and costs.
- Building trusted relationships.
- Monitoring changes in condition.
- Advocating for the member.
- Overcoming barriers to better adherence to medication and self care regimes.

Care Coordinators know that Transitions of Care are Major Events.

- Care Coordinators are involved in assisting the member and the provider to managing the details across settings to prevent readmissions.

Care Coordinators know that Caregiver Involvement is Critical.

- Care Coordinators assist in identifying capable resources (friends, family, agencies, etc.) that can provide the members with better care and the Care Coordinator with a more objective perspective.

HCBS Waivers include members who require extra care in support of traditional medical treatment in one of the Iowa DHS Waiver Programs:

- AIDS/HIV
- Brain injury (BI)
- Children's mental health (CMH)
- Elderly (EW)
- Health and disability (HD)
- Intellectual/Developmental disability (ID)
- Physical disability (PD)

Eligibility for HCBS Waiver Services

How Does an AmeriHealth Caritas Iowa Member Qualify for HCBS Services?

Any member believed to require Nursing Facility, Skilled Nursing Facility, or ICF/ID level of care is appropriate for referral to HCBS Services.

Examples of other appropriate referrals:

- Member with recent frequent hospitalizations or emergency room visits.
- Member unable to access health services because of physical or behavioral health concerns.
- Member received or is currently receiving in home:
 - physical therapy
 - occupational therapy
 - oxygen
 - nursing services
- Member requires assistance with activities of daily living such as:
 - Eating
 - Dressing
 - Bathing
 - Toileting
 - Transfer and Ambulation
 - Taking medication
 - Using the telephone
 - Cooking
 - Cleaning
 - Doing laundry
 - Paying bills or managing money
 - Shopping for food
 - Getting to appointments

During the first year, with the exception of LTSS, residential services and certain services rendered to dual diagnosis populations, AmeriHealth Caritas Iowa shall honor existing authorizations for covered benefits for a minimum of 90 calendar days, without regard to whether such services are being provided by in-network or out-of-network providers, when a member transitions to AmeriHealth Caritas Iowa from another source of coverage.

AmeriHealth Caritas Iowa shall honor existing exceptions to policy granted by DHS for the scope and duration designated. Beginning one year from the Contract effective date, AmeriHealth Caritas Iowa shall honor existing authorizations for a minimum of 30 calendar days when a member transitions to the Plan from another source of coverage, without regard to whether services are being provided by in-network or out-of-network providers.

Additionally, if a member transitions to another health plan, AmeriHealth Caritas Iowa will provide the receiving health plan with information on any current service authorizations, utilization data and other applicable clinical information such as disease management or care coordination notes.

Resources/Important Contacts



Provider Services: 1-844-411-0579.

- Ask questions regarding policy and procedures.
- Request forms or literature.
- Inquire about claims process or status of a claim.
- Provide updates to demographic data.
- Change information in the Provider Directory.
- Resolve a claims issue.
- File an informal complaint.
- Follow the prompts to check eligibility and claims status.
- Inquire about participation in Quality programs/committees.
- Request information on our Cultural Competency Program.

Important Contacts

Nurse Call-line: 1-855-216-6065,

- Available 24 hours a day, 7 days a week.

Utilization Management: 1-844-411-0604

- Hours of operation are 8:30 a.m. to 5:30 p.m., Monday through Friday.
- Fax: **1-844-211-0972**
- Admission notification, prior authorization request, concurrent review.

Care Coordination/Rapid Response: 1-855-332-2440, prompt 3.

- Fax: **1-844-399-0477**
- Care coordination support, referral to care/case management programs for members with complex needs, member outreach support, reporting identification of a child with special needs, coordination of non-covered services, transportation and more.

Bright Start® : 1-855-332-2440 (follow the prompts)

- Fax: **1-844-201-6798**
- Submission of the Iowa DHS Medicaid Prenatal Risk Assessment, reporting identification of a high-risk pregnancy, for assistance with support services needed to help a member during pregnancy.

Thank you for choosing us!

Amy Muhlenbruck, RN, MSN

amuhlenbruck@amerihealthcaritasia.com

Meg Harris, MPH, MPA, EdD

mlharris@amerihealthcaritasia.com

